

State of Alaska  
Department of Revenue  
Tax Division  
550 W 7th Ave Ste 500  
Anchorage AK 99501-3566  
Telephone 907.269.6620  
Fax 907.269.6644

**Alaska Oil and Gas Exploration Tax Credit Applied to  
Oil & Gas Production Tax  
AS 43.55.025**

This form is available online at [www.tax.alaska.gov/forms.asp](http://www.tax.alaska.gov/forms.asp)

<b>DEPT USE ONLY</b>																																	
A. Taxpayer Name			B. Federal EIN or SSN																														
C. Mailing Address	D. City	E. State	F. Zip Code + 4																														
G. Physical Address of Business	H. City	I. State	J. Zip Code + 4																														
K. Contact Person, for examination of records.	L. Title	M. Telephone Number	N. Facsimile Number																														
O. Production Tax Credit Certificate Number: _____																																	
P. Production Tax Credit Amount Applied: _____																																	
Q. Apply Tax Credit to oil and gas production taxes owed on oil or gas produced on or after July 1, 2004, as follows: <i>Please note: The tax credit may only be applied against oil or gas production taxes due under AS 43.55. It may not be applied against interest, penalties, or surcharges.</i>																																	
<p>Credit applied with this tax filing by production month/year</p> <table style="margin: auto;"><thead><tr><th style="text-align: left; padding: 5px;"><i>Production month &amp; year</i></th><th style="text-align: right; padding: 5px;"><i>Credit applied</i></th></tr></thead><tbody><tr><td>1. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>2. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>3. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>4. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>5. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>6. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>7. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>8. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>9. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>10. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>11. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td>12. _____</td><td style="text-align: right;">\$ _____</td></tr><tr><td colspan="2" style="text-align: right; padding-top: 10px;"><b>Total \$</b> _____</td></tr><tr><td style="text-align: right; padding-top: 10px;">Unused carryover</td><td style="text-align: right;">\$ _____</td></tr></tbody></table>				<i>Production month &amp; year</i>	<i>Credit applied</i>	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____	7. _____	\$ _____	8. _____	\$ _____	9. _____	\$ _____	10. _____	\$ _____	11. _____	\$ _____	12. _____	\$ _____	<b>Total \$</b> _____		Unused carryover	\$ _____
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11. _____	\$ _____																																
12. _____	\$ _____																																
<b>Total \$</b> _____																																	
Unused carryover	\$ _____																																
R. Request a replacement certificate in amount of unused carryover? Enter Yes or No: _____																																	
<i>I declare under penalty of perjury that this application and each attachment has been examined by me and to the best of my knowledge and belief is true, correct and complete.</i>																																	
S. Signature	T. Type or Print Name and Title		U. Date																														
<b>V. DEPT USE ONLY</b>																																	